

REPLACEMENT SHEET

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42 REV. CO.										43 DESCRIPTION										44 HCPCS/RATES										45 SERV. DATE										46 SERV UNITS										47 TOTAL CHARGES										48 CHARGES										49 NON-COVERED										50										51 PROVIDER NO.										52 REL										53 ASO										54 PRIOR PAYMENTS										55 EST. AMOUNT DUE										56										57										58 INSURED'S NAME										59 P. REL										60 CERT. SSN. HIC. ID NO.										61 GROUP NAME										62 INSURANCE GROUP NO.										63 TREATMENT AUTHORIZATION CODES										64 ESC										65 EMPLOYER NAME										66 EMPLOYER LOCATION										67 PRIN. DIAG. CO.										68 CODE										69 CODE										70 CODE										71 CODE										72 CODE										73 CODE										74 CODE										75 CODE										76 ADM. DIAG. CO.										77 E-CODE										78										79 P.C.										80 PRINCIPAL PROCEDURE										81 OTHER PROCEDURE										82 ATTENDING PHYS. ID.										83 OTHER PHYS. ID.										84 REMARKS										85 PROVIDER REPRESENTATIVE										86 DATE										87										88										89										90										91										92										93										94										95										96										97										98										99										100																																																																																																													

FIGURE 1A



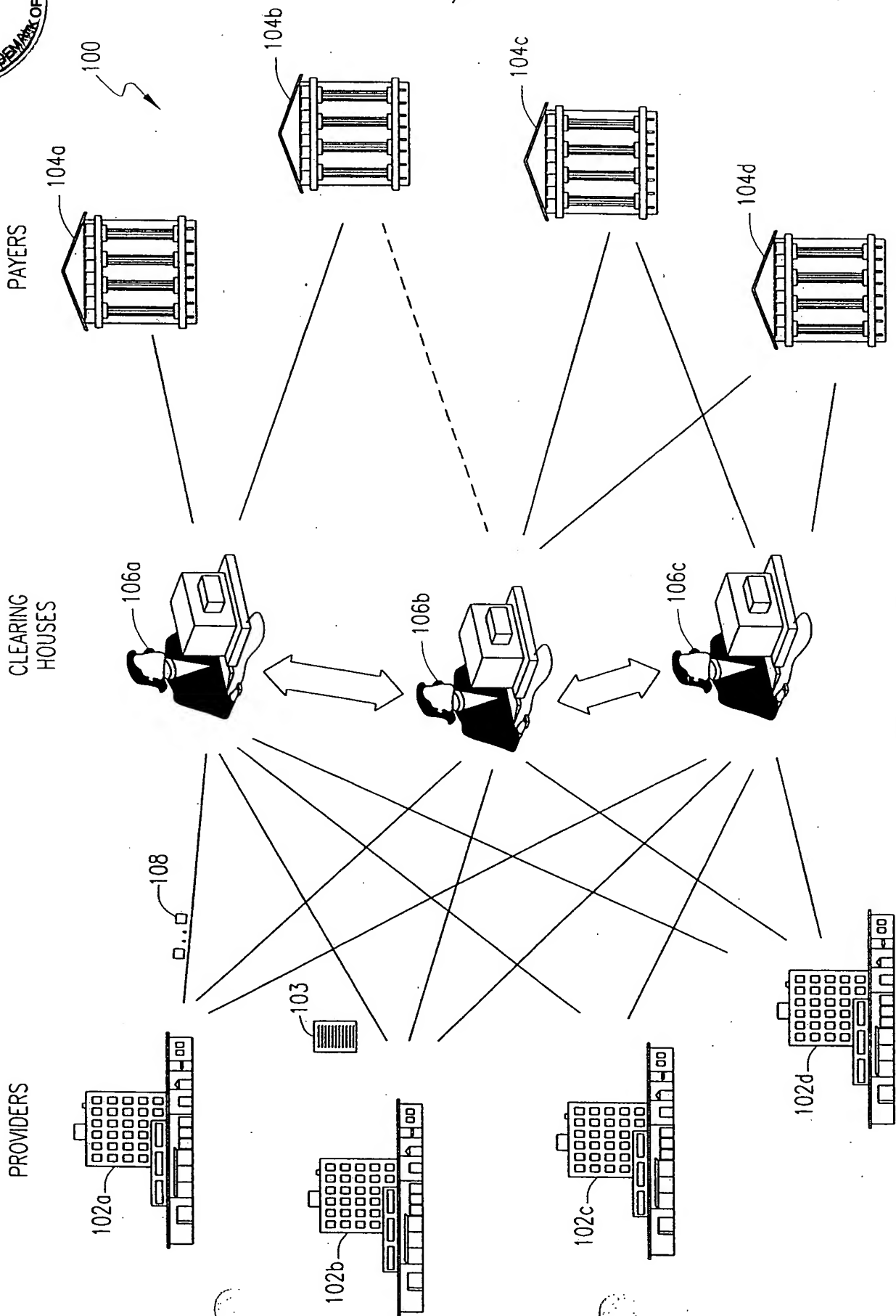


FIG. 1B

REPLACEMENT SHEET

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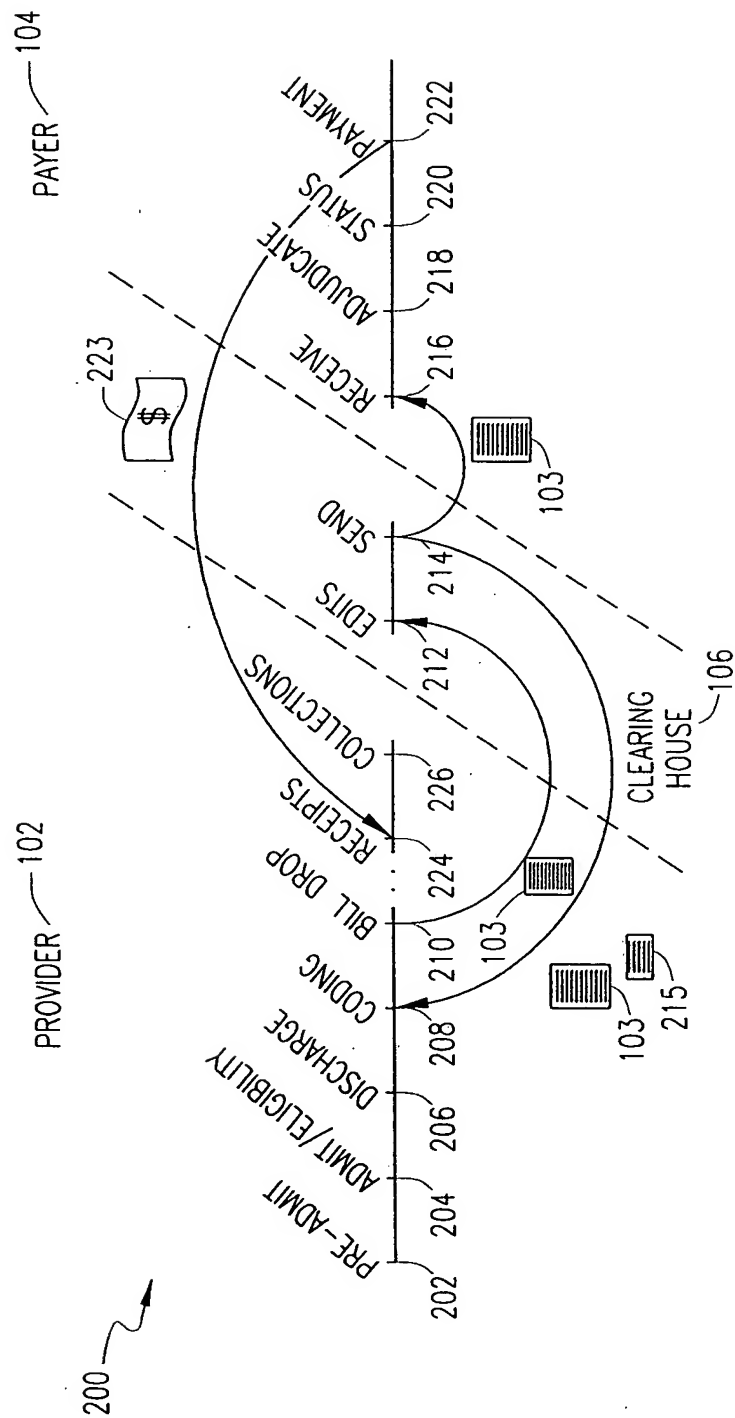
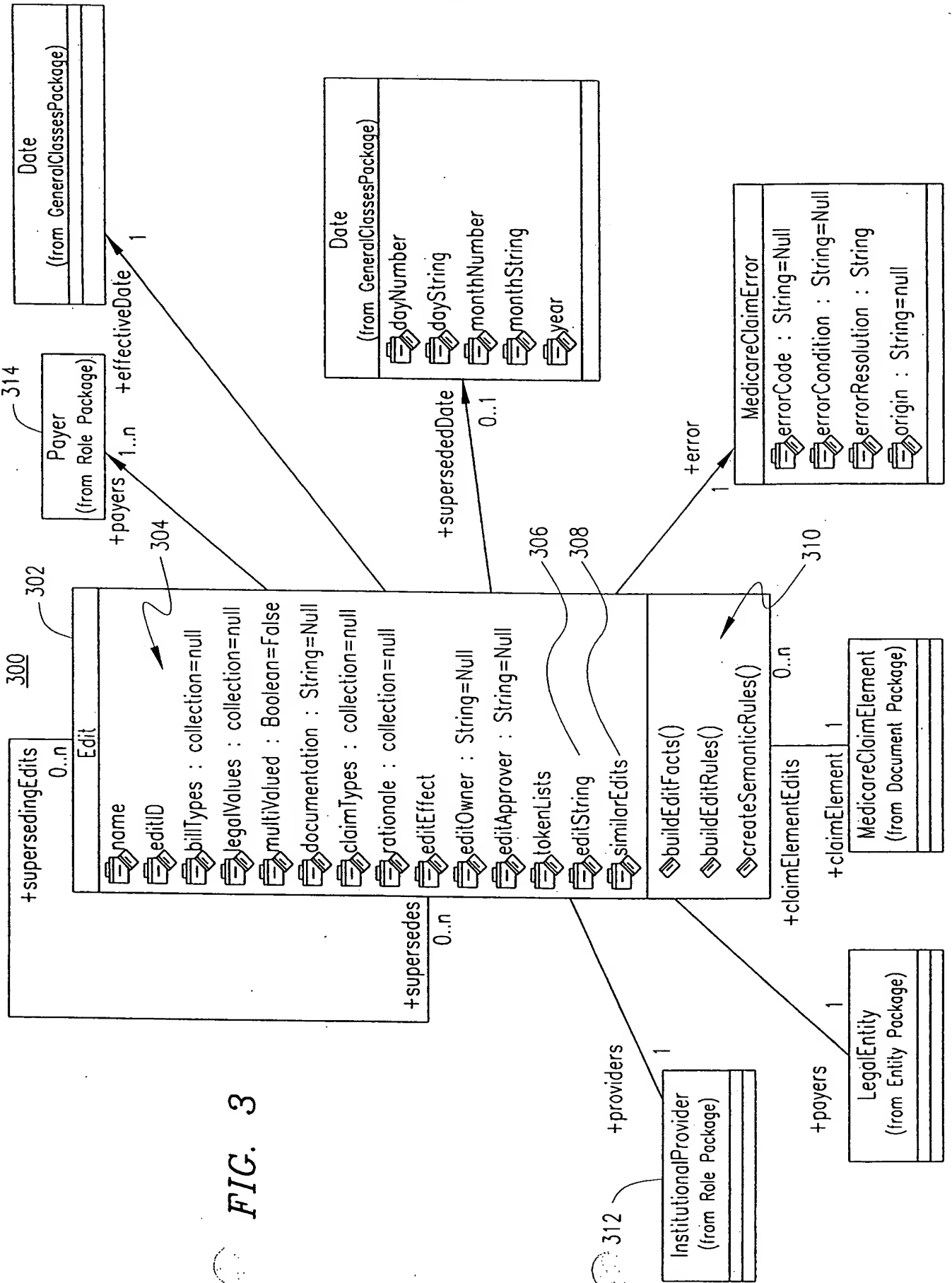


FIG. 2



400

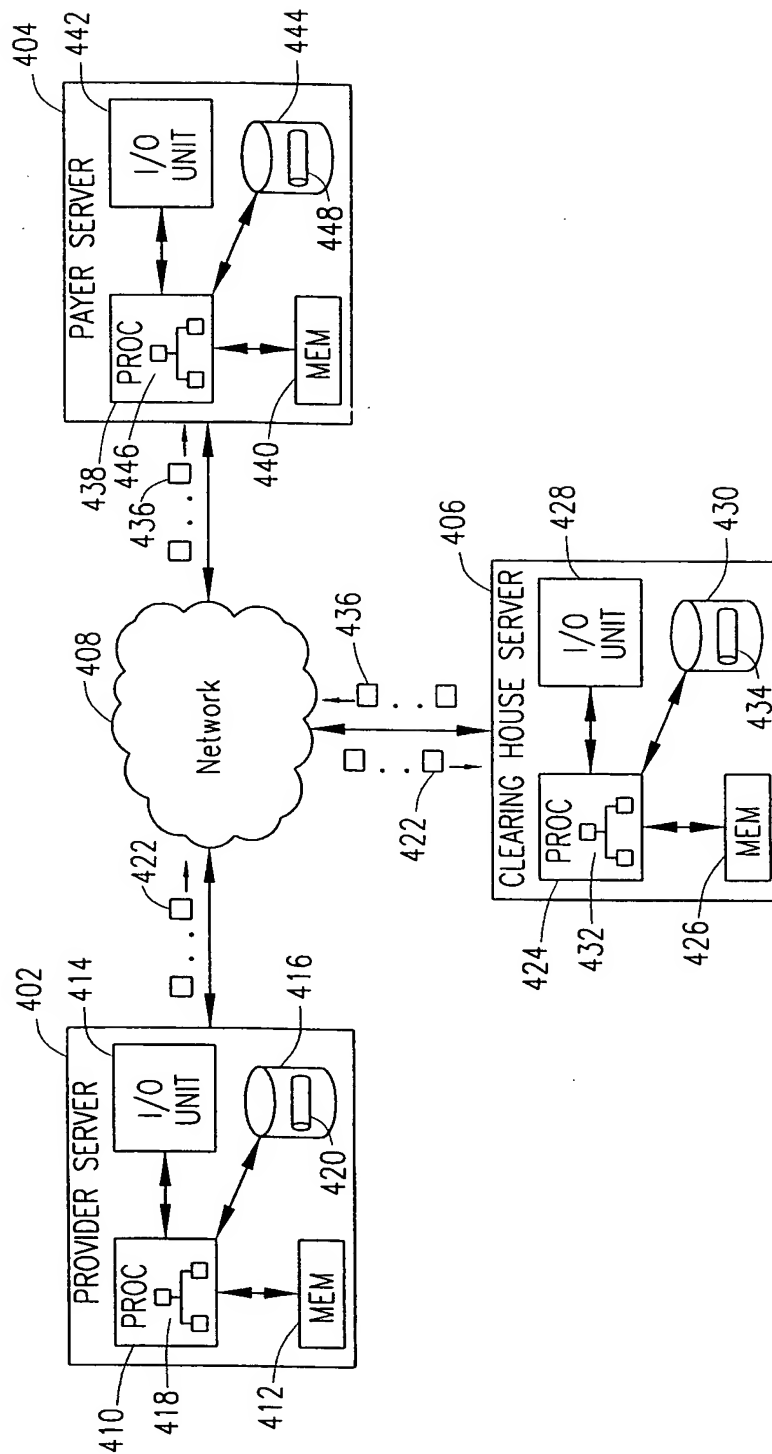


FIG. 4

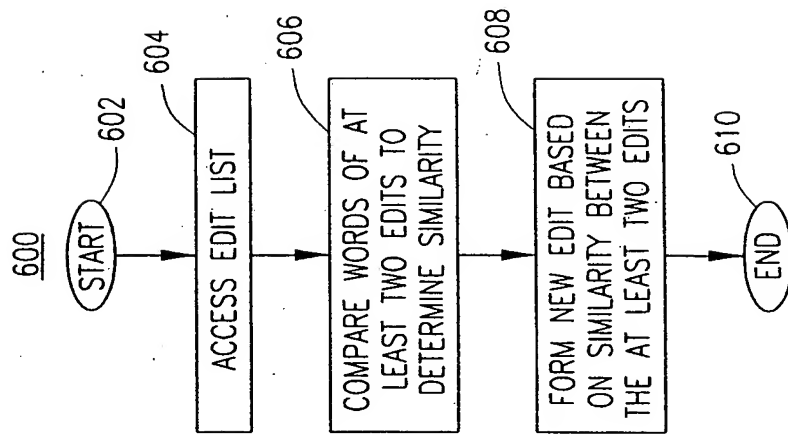


FIG. 6

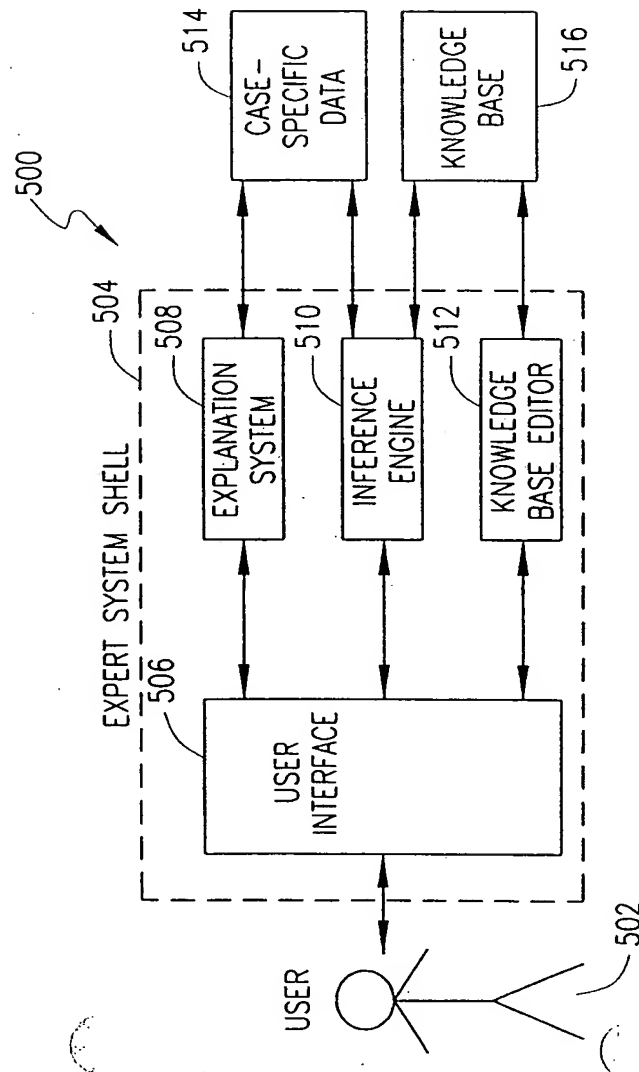


FIG. 5

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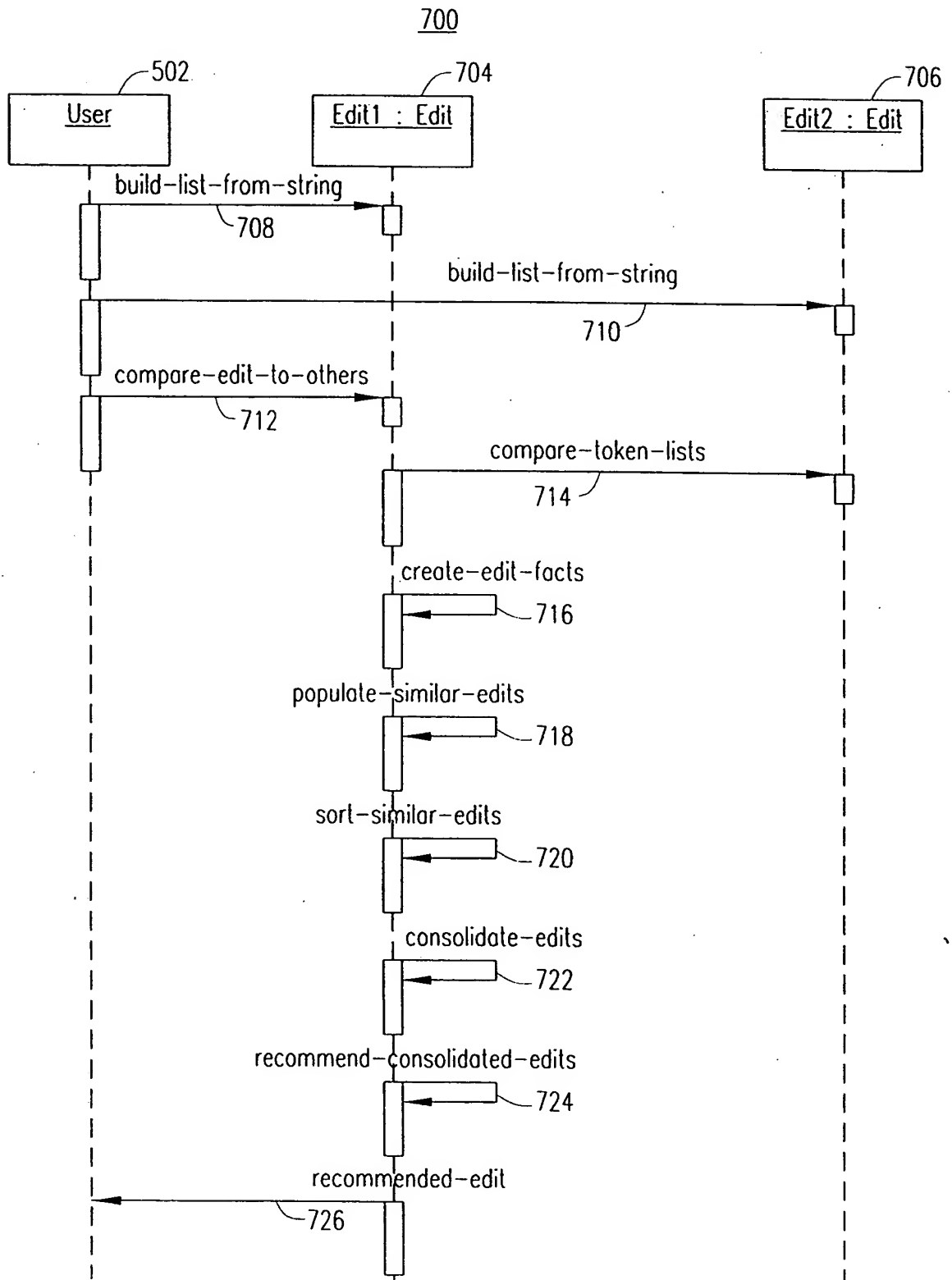


FIG. 7